

Bloomsbury Home Care Limited

Bloomsbury Home Care Limited Bourne

Inspection report

Bank House, Floor 1 and 2
6 West Street
Bourne
Lincolnshire
PE10 9NE

Tel: 01778218806

Date of inspection visit:
27 February 2019
01 March 2019

Date of publication:
16 May 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Bloomsbury Homecare Limited is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes in Bourne, Stamford, Spalding and Grantham. At the time of the inspection visit there were 106 people using the service.

People's experience of using this service:

- Systems were in place to ensure the safety of people being cared for.
- Risks were assessed and appropriately managed.
- Medicines were administered safely and in line with policies and procedures.
- Safeguarding issues and complaints were reflected upon and improvements were made.
- People's needs were assessed and outcomes were met.
- Staff received the mandatory training they needed to meet people's basic needs. Some improvements needed to be made to ensure that staff were provided with more detailed knowledge relating to specific conditions such as dementia.
- People's consent to care was sought.
- The care staff and the managers reflected the values of the organisation.
- People were given the opportunity to express their views regularly and were involved in the planning of their care.
- Care staff demonstrated a good awareness of how to maintain people's privacy and dignity.
- People were receiving care that was responsive to their needs. Some improvements needed to be made to ensure that people were routinely called when their care call was likely to be delayed.
- People were consulted about the care they received and were asked for regular feedback. Some improvements needed to be made so people could find out about what was being done in relation to their concerns.
- Care plans were being developed to include more person-centred information.

- Care was delivered by staff who understood the needs of the people they were supporting.
- People knew how to complain and raise concerns and were listened to and responded to.
- Leadership of the service was strong. Care staff were very complimentary of the support they received from the registered manager. Morale in the team was good and there was a good team working ethos.
- Processes were in place to ensure that the delivery of care was monitored and checked regularly. Plans for improvement were implemented and actioned.

Rating at last inspection:

At the last inspection the service was rated Requires Improvement and was published on 7 April 2017.

Why we inspected:

This was a scheduled inspection based on previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Bloomsbury Home Care Limited Bourne

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Bloomsbury Homecare Limited is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection the agency was providing personal care to 106 people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Prior to the inspection we reviewed information we had received about the service, this included details about incidents the provider must notify us about. We sought feedback from the local authority, the local safeguarding authority and other professionals who work with the service. We used this information to plan our inspection.

During the inspection we spoke with 25 people and their relatives, five care staff, the registered manager and the regional manager. We reviewed records related to the care of six people. We looked at records of accidents and incidents, audits and quality assurance reports, complaints, and six staff files.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were supported to remain as safe as possible whilst living in their own homes. One person told us, "I think it's a safe service and the carers are very professional. I ask their advice on things."
- Systems and processes were in place to ensure that people were protected from the risk of abuse. Staff were clear about their responsibilities for reporting abuse. Staff received annual training about safeguarding. While discussing the subject of reporting abuse one staff member told us, "Everybody should be free to live free from harm and neglect."
- The registered provider had a whistleblowing and safeguarding policy which were reviewed regularly and shared with the staff. The registered manager told us, "We [registered manager and team leaders] bring it up at every team meeting and provide annual refresher training. Whistleblowing is in the induction training. I am open with the staff and always give them the opportunity to talk to me. I also share examples of poor practice so that staff know about how things go wrong."

Assessing risk, safety monitoring and management:

- Risks associated with people's care and support were assessed and recorded within their care records. People had risks managed to reduce the risks associated with falls, safe moving and handling and medicines administration. Care plans were written clearly and were sufficiently detailed for staff to follow safely.
- People's safety in their own home was assessed. The registered provider had a process to ensure that safe working practices could be followed in people's homes which ensured that both staff and people using the service were safe.
- People's rights to take risks was not overlooked. The registered manager told us, "If someone wanted to do something that was risky, the team leader would come to me to discuss it, then I would go to my manager and discuss it. As long as people have the capacity to make decisions we have to listen to people and look for ways to compromise."

Staffing and recruitment:

- At our previous inspection on 2 March 2017 we identified a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The problem we identified during the inspection on 2 March 2017 was in relation to the deployment of staff which had meant that people had not always received safe care because of mistimed and missed visits. We found at this inspection that the registered provider had acted to ensure that shortfalls were rectified.
- Staffing levels were sufficient to ensure that people received the care and support they required. We

reviewed the records of care visits over the most recent four-week period. Records showed that during the four-week period, the registered provider made 10884 care visits to people. All care visits were made and none were missed. We found that 381 calls were late (more than 30 minutes) which meant that 96.5% of all call visits happened on time. Most people we spoke with were satisfied with the reliability of the service, but some people told us that they were unhappy because they were not informed if their care visit was going to be late. We shared this information with the registered manager who acknowledged the need to improve and told us about plans they had been making to address the issue.

- Records showed that staff were recruited safely. Potential new staff completed a written assessment and a went through a formal interview. The registered provider had carried out thorough background checks to assure themselves that staff were of good character. Staff had Disclosure and Baring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.
- People were supported by staff who they were familiar with. The registered manager and the staff team told us that the service did not use agency staff. One person told us, "I think the service is very good – we have two long term carers, so we always know who is coming. They handle holidays and days off between them, so we have a really good service."

Using medicines safely:

- People told us that they were satisfied with the support they received to take their medicines. One person said, "The carers do give me my medicines, which I'm very comfortable with – no problems there". Another person told us, "I do my own medicines, but they always ask - have you taken your pills?".
- The registered provider had a policy relating to the safe administration of medicines which staff were aware of. Training records confirmed that staff are trained to administer medicines and new staff were observed to ensure their competence prior to being permitted to administer medicines to people, further medicines observations were carried out annually thereafter.
- People who required support to take medicines had a care plan and risk assessment which described the support they required to take them safely.
- The registered provider had a process for checking administration records regularly to ensure that staff were administering peoples' medicines correctly.

Preventing and controlling infection:

- Records showed that all care staff received training about infection control.
- Staff were knowledgeable about how to reduce the risk of the spread of infection. One staff member told us, "Yes that is covered in the induction training. I deliver the training. We make sure that we monitor fridges so that raw foods are kept at the bottom. We use different utensils for different types of food. We supply fresh drinks and keep things clean. We don't use dirty cloths and we encourage carers to have clean hair, uniforms and wear personal protective equipment [single use aprons and disposable gloves]. Staff can come and collect aprons and gloves from the office. Also, we don't encourage the use of hand gel as a replacement for hand washing".

Learning lessons when things go wrong:

- The registered provider had a system for reviewing safeguarding and complaints, however they did not have a formal process for reviewing less serious accidents and incidents. On the second day of our inspection the registered manager showed us evidence of a plan which was being shared with the team to ensure that accidents and incidents would be analysed more closely in the future. We were assured by this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, care and treatment did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience:

- Some relatives we spoke with told us that they were concerned that some staff did not have sufficient knowledge in relation to dementia and other health conditions. One relative told us, "Some carers are really good, but some don't seem to be experienced enough to deal with Parkinson's and Dementia. I have to continually tell them how to deal with [my relative]." Another relative told us, "I have had to work hard with the carers to ensure that they all know how to look after [my relative]". Another relative stated "The carers do not seem to be trained to support people with dementia."
- Records showed that not all staff were not provided with specialised training to support people living with dementia. A short powerpoint presentation was provided to staff as part of their induction, but there was no evidence that staff had attended a specific training session regarding how to support people with dementia. We noted that staff had requested more specialised training in the staff survey and staff we spoke with during the inspection expressed a desire to learn more about dementia and other health conditions. The registered manager assured us that they would arrange additional training relating to dementia to improve the quality of care being delivered.
- Staff were provided with an induction immediately before providing care and support to people. The induction involved completing the care certificate and included a period of four days face to face classroom training followed by a period of shadowing an experienced member of the staff team.
- Mandatory training undertaken by staff include duty of care, equality and diversity, person centred care, communication, privacy and dignity, fluids and nutrition, mental health, safeguarding adults and children, basic life support, health and safety, fire, handling information, infection control and mental capacity.
- During the inspection visit we saw that the registered provider had developed a training room within their office location. The training room had been developed to include moving and handling equipment and a bed so that practical techniques could be assessed during training sessions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The registered provider ensured that people's needs were assessed before agreeing to deliver care and support. The registered manager told us, "We do a consultation and meet with the service user and draw up a plan about what they want and need. We then go back after 4 weeks to get a review and make sure we are on the right track".
 - People's desired outcomes were established at the point of assessment and then written up into people's care plans.
- Staff had a good understanding of people's needs and told us that people's changing needs are quickly

shared and care plans are updated and amended quickly. One staff member told us, "If I change the care plans I tell staff that they have to read it - I always tell everyone, sometimes in a group text".

Supporting people to eat and drink enough to maintain a balanced diet:

- Care records showed how people made choices about what they wanted to eat and drink.
- Staff told us that people were given the choice of what they want to eat and drink, one staff member told us, "Information about what people like is in the care plan, what their favourite foods are, we ask them questions about what they like, and sometimes give some suggestions." Another staff member told us, "One person I visit has 45 minutes for the lunch call, so I cook them an omelette or salmon and boiled potatoes, I like cooking for people especially when it is from scratch."

Staff working with other agencies to provide consistent, effective, timely care:

- The service worked collaboratively with a range of health and social care professionals within the local community. The registered manager told us, "We work closely with the district nurses, the local resource centre for people with mental health needs, the occupational therapy team and we have very good relationships with the social workers".

Supporting people to live healthier lives, access healthcare services and support:

- Care records included information about people's health needs and involvement from medical professionals such as GP's, district nurses, physiotherapists and occupational therapists.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- The service was working within the principals of the Mental Capacity Act 2005 (MCA). Policies and procedures as well as staff training on the MCA ensured that staff could identify any person who may need advocacy or care in their best interests. Peoples mental capacity and ability to make decisions was respected by staff who understood the principals of the MCA. One staff member told us, "Everyone is assumed to have capacity unless proven otherwise, you can't assume that they don't just because of a medical condition or disability."
- People were asked to provide their consent to receive care and support. Where possible people provided a signature to confirm that they had consented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People consistently told us that they were treated well by the staff. One person said, "I've been with them for around a year and I can honestly say I think they are excellent. They always let me know if they're going to be late, and they tell me the day before who is coming the next day." Another person told us, "One day one of the carers asked me why I was feeling glum, and I told her that I couldn't get down to do my toenails – well, the next day she came in with some nail varnish and I have lovely toes now – wasn't that lovely of her?"
- Without exception staff told us that they would unreservedly recommend the service to a member of their own family, one person told us, "Now - yes, definitely because it has changed. The carers have more time, there is not as much stress and pressure and the team are better led, we are more supported and backed. Before we felt like that we were out there on our own and it was sink or swim, but [the registered manager] doesn't make us feel like that and [the registered manager] answers her phone when you call."
- Staff received training to ensure that they understood the principles of equality and diversity. The registered manager told us, "Equality and diversity is part of the induction we give to our staff. We drum it into our staff that everyone has the right to have good, safe care."

Supporting people to express their views and be involved in making decisions about their care:

- People were given the opportunity to provide feedback about their experiences of the care and support they received in a survey. The most recent survey was completed and returned by just over 50 percent of the people using the service. People were mostly positive about their experiences. Where people had given negative feedback, the registered provider had created an action plan to address people's concerns and to make improvements to the service being provided. We noted some comments relating to the surveys where people had said that they were not aware of what action the registered provider had made to address their concerns. We raised this with the registered manager who told us about plans they were developing to communicate the latest survey results to people and relatives in a newsletter to demonstrate that people were being listened and responded to.
- We asked the registered manager how the service ensured that people's views and wishes were well reflected in their care plans, they told us, "Service users meet with the team leaders and I tell them [team leaders] to find out as much detail [about the person] as they can. In team meetings I get the staff to reflect on what is important to them and then ask them to try and understand what it would be like if they couldn't do the things that they wanted to".

Respecting and promoting people's privacy, dignity and independence:

- People were supported by knowledgeable staff who had been trained to understand the principles of privacy, dignity and independence. One person told us, "When a carer arrives there's always a knock and a friendly 'Hello' to let me know they're here – I look forward to them coming – they're all lovely girls."
- Staff were clear about their responsibilities for making sure that people's rights to privacy, dignity, independence and confidentiality were upheld. One staff member told us, "When we are doing personal care we make sure that curtains and doors are closed. Ask for consent before you do anything - give people choices about what they want to wear or what they want for their tea. Trying to encourage them doing things for themselves if they can – it's about not taking over completely". On the subject of confidentiality one staff member told us, "What is said in the persons house, stays in the persons house. Only tell people that need to know, like your manager if it is important. Don't talk to colleagues about people you are supporting - particularly in public".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans contained sufficient information about people's needs and wishes. Records showed that improvements had recently been introduced to care planning. Newer care plans contained a better standard of person centred information than some of the older ones we viewed. The registered manager told us about plans they had developed to ensure that all care plans would contain the same levels of detail and information.
- Care plans were regularly updated and reviewed. Where appropriate people signed their own care plans to show that they had consented to care being delivered in the way that they had agreed.
- Records showed that staff had received training in the principles of person centred care.
- People told us that the registered provider provided them with consistent staff who know them well. One person told us, "The carers know us well, and what is necessary to help us, we think they do a good job".
- We were told by one relative that they could call on the service if they had a problem outside of their support times, they told us, "My wife slipped out of a chair recently and I called the agency to see if they could help me get her back in, and they came straight out and helped her back into the chair – they were lovely, and I was so relieved".

Improving care quality in response to complaints or concerns:

- People knew how to complain if they were unhappy with anything. The registered manager told us that they had provided people with information about how to complain, records we saw confirmed this.
- The registered provider adopted a responsive approach to resolving complaints and concerns. Records showed that investigations were undertaken and subsequent actions were taken to resolve the complaint. We saw that there had been seven complaints during the previous 12 months. All complaints were resolved in under two weeks.
- A person told us about a complaint they had made, they told us, "We did have an issue with a carer, and we spoke to the office about them. They were immediately removed, and I believe they no longer work for the service".

End of life care and support:

- No one received end of life care at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care:

- The registered manager had made several improvements to the way that they reviewed the performance of the service. We looked at audit records for daily care recording, call times, medicines and care plans. The information gathered from the audits was used to form the basis of one to one meetings between the team leader and registered manager to ensure that any shortfalls and issues identified were addressed thoroughly.
- Staff roles were clearly set out in their job description and staff we spoke with had a good understanding of their own accountability.
- People benefited from a registered manager who has a substantial amount of knowledge and expertise within the organisation and in social care.
- Evidence we saw during the inspection confirmed that the provider had made several improvements to the leadership and management of the service. At previous inspections we noted failures to address areas of non-compliance. Systems and processes at the time were not effective enough to identify shortfalls which led to poor outcomes for people using the service. In contrast, we found at this inspection that the registered provider had developed better ways of monitoring care and was more inclined to address problems which had begun to develop a culture of continual improvement resulting in better outcomes for people.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Staff spoke very positively about the management team. One staff member told us, "I wholeheartedly agree that things have got so much better, a year ago things weren't great. [The registered manager] is a good judge of character, she could see I wasn't myself and I told her I needed to do something else - so she gave me the responsibility of doing the training, I love it. She is very passionate about her job. [The operations manager] seems nice – I don't know her particularly well though. [The registered manager] is really going for it, she isn't afraid to tackle things if there was a problem - she doesn't avoid confrontation. I've seen four managers since I've been here, she is definitely best".
- Our previous inspection ratings were displayed in the service and on the provider's website.
- The registered manager and provider clearly understood their regulatory obligations and consistently ensured that they notified us about events that they are required to by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- Staff we spoke with consistently described the morale in the team as being good. One staff member said, "[Morale is] really good, a lot less falling out, a lot less moaning, not so much stress and everyone is a lot happier, makes everyone a lot more cooperative."
- The registered manager was enthusiastic about seeking the views of people using the service and using the information to steer the direction of the service. We saw evidence that shortfalls in care delivery were discussed openly in meetings and that staff were accountable for delivering high quality care.

Working in partnership with others:

- The registered manager told us about positive working relationships developed with health and social care professionals such as district nurses and GP's. Records showed that the registered provider was working with other professional bodies such as the local resource centre to better support people with mental health needs.